

OHCA Guideline

Medical Procedure Class:	Sclerotherapy for Varicose Veins and/or Venous Insufficiency
Initial Implementation Date:	
Last Review Date:	
Effective Date:	April 2021
Next Review/Revision Date:	April 2024
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input checked="" type="checkbox"/> New Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Angiomata: An abnormal growth due to the dilatation or new formation of blood vessels.</p> <p>Clinical-Etiology-Anatomy-Pathophysiology (CEAP): A classification system used to aid universally uniform diagnosis and comparison of chronic venous disorders. See additional information below.</p> <p>Cyanoacrylate adhesive: clear, free-flowing liquid that polymerizes in the vessel via an anionic mechanism (i.e., polymerizes into a solid material upon contact with body fluids or tissue).</p> <p>Hemangiomata: A benign tumor of blood vessels.</p> <p>Klippel-Trenaunay Syndrome: A condition that affects the development of blood vessels, soft tissues (such as skin and muscles), and bones. The disorder has three characteristic features: a red birthmark called a port-wine stain, abnormal overgrowth of soft tissues and bones, and vein malformations</p> <p>Perforator veins: small veins that connect the superficial veins to the deep veins, allowing blood to drain from the skin into the deep veins and then pumped toward the heart.</p> <p>Saphenous veins: 1) Accessory saphenous veins – a vein running in the thigh parallel to the great and small saphenous veins. 2) Great Saphenous vein - the longest vein in the body, extending from the dorsum of the foot to just below the inguinal ligament, where it opens into the femoral vein. Also known as the long or large saphenous vein. 3) Small Saphenous vein - the vein that continues the marginal vein from behind the malleolus and passes up the back of the leg to the knee joint, where it opens into the popliteal vein. Also known as the short or lesser saphenous vein.</p> <p>Superficial veins: veins that run in the subcutaneous tissue in the lower limbs; the great saphenous vein and the small saphenous vein are the two major superficial veins.</p>	

Telangiectasia: a type of varicose veins also known as spider veins; small bluish-purple veins, usually found in clusters on the leg.

Tributaries: veins that empty into larger veins.

Description

Sclerotherapy is the targeted injection of a liquid or foam sclerosing agent into a vein to create endoluminal fibrosis and obstruction of the vein. Foam sclerotherapy is recommended for the treatment of saphenous veins, recurrent varices after prior treatment, accessory saphenous varices, non-saphenous varices, and incompetent perforating veins. For spider and reticular veins liquid sclerotherapy is preferred but foam may be utilized.

CPT Codes Covered Requiring Prior Authorization (PA)

36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring: single incompetent extremity truncal vein (e.g., great saphenous vein, accessory saphenous vein)

36466 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring: multiple incompetent truncal veins (e.g., great saphenous vein, accessory saphenous vein), same leg

36470 Injection of sclerosant; single incompetent vein (other than telangiectasia)

36471 Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

Approval Criteria

I. Guidelines for the Sclerotherapy Treatment for Varicose Veins/Venous Insufficiency

A. Great or Small Saphenous Veins

Treatment of the great or small saphenous veins by sclerotherapy meets the definition of medical necessity for symptomatic varicose veins/venous insufficiency when the following criteria have been met:

1. There is demonstrated saphenous reflux and CEAP (Clinical-Etiology-Anatomy-Pathophysiology) class C2 or greater; AND
2. The varicosities are at least 3 millimeters in size AND
There is documentation of one or more of the following indications:
 - a. Ulceration secondary to venous stasis; OR
 - b. Recurrent superficial thrombophlebitis; OR
 - c. Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity OR
 - d. Persistent pain, swelling, itching, burning, or other symptoms associated with saphenous reflux, significantly interfering with activities of daily living, *and* conservative management for at least 8 weeks has not improved the symptoms. (Documented conservative therapy may include but is not limited to graduated compressions stockings with a minimum of 12-18 mmHg, maintaining BMI<35, therapeutic leg elevation, and exercise program of calf muscle pumping.)

3. Treatment of great or small saphenous veins by sclerotherapy that does not meet the criteria described above is considered cosmetic and does not meet the definition of medical necessity.

B. Accessory Saphenous Veins

Treatment of accessory saphenous veins by sclerotherapy, meets the definition of medical necessity for symptomatic varicose veins/venous insufficiency when the following criteria have been met:

1. Incompetence of the accessory saphenous vein is isolated, OR the great or small saphenous veins had been previously eliminated (at least 3 months); AND
2. There is demonstrated accessory saphenous reflux; AND
3. The varicosities are at least 3 millimeters and not more than 6 millimeters in size AND
4. There is documentation of one or more of the following indications:
 - a. Ulceration secondary to venous stasis; OR
 - b. Recurrent superficial thrombophlebitis; OR
 - c. Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; OR
 - d. Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, the symptoms significantly interfere with activities of daily living, *and* conservative management including of nonsurgical conservative management (e.g., weight management, regular exercise such as walking, swimming or cycling, elevating the legs three-to-four times a day, avoiding standing for long periods of time, and graduated compression stockings or wraps) for at least 12 weeks has not improved the symptoms.
5. Concurrent treatment of the accessory saphenous veins along with the great or small saphenous veins meets the definition of medical necessity when criteria is met for each vein and there is documentation of anatomy showing that the accessory saphenous vein discharged directly into the common femoral vein.
6. Treatment of accessory saphenous veins by surgery, endovenous radiofrequency, laser ablation, or microfoam sclerotherapy that do not meet the criteria described above is considered cosmetic and does not meet the definition of medical necessity.

II. CONTRAINDICATIONS

The following are considered contraindications for sclerotherapy for varicose veins and/or venous insufficiency.

- A. Previous administration of sclerotherapy agent < 6 weeks prior.
- B. Allergy to sclerotherapy agent.
- C. Pregnant or within 3 months after delivery.
- D. Acute febrile illness.
- E. Local or general infection.
- F. Severe distal arterial occlusive disease (ankle-brachial index 0.4 or less);
- G. Critical limb ischemia, arterial ulcer(s), gangrene.
- H. Obliteration of deep venous system.
- I. Recent deep venous thrombosis.
- J. Acute deep venous thrombophlebitis or acute superficial thrombophlebitis.
- K. Inability to ambulate.

- L. Tortuosity of the great saphenous vein severe enough to impede catheter placement.
- M. Klippel-Trenaunay Syndrome or other congenital venous abnormalities.

III. FREQUENCY

- A. Procedure codes 36465 and 36466 involve non-compounded foam sclerosant injection into a truncal vein with ultrasound compression of the outflow to prevent dispersion of the foam to unintended anatomy. Both 36465 and 36466 should be reported only once per leg and should not be reported together.
- B. Injections of sclerosing agents made with proprietary gas mix or other foaming device or other non-compounded preparation (e.g., Varithena™) are considered sclerotherapy and should be reported with CPT code 36465 or 36466 with notation indicating what sclerosant was used.
- C. Sclerotherapy procedures performed on opposite legs, report CPT code 36470 (one vein) or 36471 (multiple veins) using the RT and LT modifiers. Only one service should be reported for each leg regardless of how many veins are treated.
- D. The practice expense for CPT codes 36470 and 36471 already contain the reimbursement for the sclerosing solution. Providers should not bill separately for the sclerosing solution.

Discontinuation Criteria

Prior Authorizations will expire one year from the date of PA approval.

Treatment of telangiectasia such as spider veins, angiomata, and hemangiomata is considered cosmetic and does not meet the definition of medical necessity.

Additional Information

1. CEAP

Clinical Classification System (CEAP)	
C0:	No visible or palpable signs of venous disease
C1:	Telangiectasias or reticular veins
C2:	Varicose veins
C3:	Edema
C4a:	Pigmentation and eczema
C4b:	Lipodermatosclerosis and atrophie blanche
C5:	Healed venous ulcer
C6:	Active venous ulcer
S:	Symptoms including ache, pain, tightness, skin irritation, heaviness, muscle cramps, as well as other complaints attributable to venous dysfunction
A:	Asymptomatic

- 2. Treatment of venous reflux/venous insufficiency seeks to reduce abnormal pressure transmission from the deep to the superficial veins. Conservative medical treatment consists of elevation of the extremities, graded compression, and wound care when indicated.

Conventional surgical treatment consists of identifying and correcting the site of reflux by ligation of the incompetent junction followed by stripping of the vein to redirect venous flow through veins with intact valves.

While most venous reflux is secondary to incompetent valves at the saphenofemoral or saphenopopliteal junctions, reflux may also occur at incompetent valves in the perforator veins or the deep venous system. The competence of any single valve is not static and may be pressure dependent. (e.g., accessory saphenous veins may have independent saphenofemoral or saphenopopliteal junctions that become incompetent when the great or small saphenous veins are eliminated, and blood flow is diverted through the accessory veins)

References

1. American Venous Forum, Revision of the CEAP Classification: Summary; Retrieved from <https://www.veinforum.org/?s=CEAP>
2. BCBS NC policy retrieved from https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/varicose_veins_of_the_lower_extremities_treatment_for.pdf
3. BCBS FL Medical Coverage Guideline (MCG) approved by Medical Policy & Coverage Committee on 12/03/20. Retrieved from <http://mcqs.bcbsfl.com/MCG?mcgId=02-33000-31&pv=false>
4. Centene Corp, Clinical Policy: Sclerotherapy for Varicose Veins. Reference Number. CP.MP.146, last review date 09/20.
5. CMS National Coverage Policy, coding guidelines. Retrieved from https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/30143_12/l30143_gsurg041_cbq_011411.pdf
6. Journal of Clinical Medicine. Medicine and Phlebology: Time to Change? 2020, 9, 4091; doi:10.3390/jcm9124091
7. Medicare, [Local Coverage Article](#): Treatment of varicose veins of the lower extremity – revision to Part A and Part B billing and coding article (A58261) Retrieved from https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=58261&ver=2&Ctrctr=369&ContrVer=1&CtrctrSelected=369*1&DocType=Retired&s=All&bc=AAQAAABAEAAA&
8. [Meridian, A WellCare Company for MI, IL, and OH. Policy and Procedure Manual, Sclerotherapy and Endovascular Ablation, policy number: F.19.](#)
9. UptoDate. Liquid, foam, and glue sclerotherapy techniques for the treatment of lower extremity veins. Retrieved from https://www.uptodate.com/contents/liquid-foam-and-glue-sclerotherapy-techniques-for-the-treatment-of-lower-extremity-veins?search=sclerotherapy&source=search_result&selectedTitle=1~96&usage_type=default&display_rank=1